Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



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CLERK'S OFFICE

2015.77 2/5 255195 Phone: 803-896-5100

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Individual Complaint Form LERK

Print

Date:					· ICE	
Complainant or	Legal Representative Inform	nation:	* Required	Fields		
Name *	David and Patricia Campbell					
Firm (if applicable)						
Mailing Address *	PO Box 107					
City, State Zip *	Ballentine	SC 29002	 2	Phone * 80	3-781-8656	
E-mail *	dcampbell70@sc.rr.com					
Name of Utility	Involved in Complaint: * C	arolina water (Lli	tilities Inc)			
L	AT&T is the utility involved, plea	······		ted at the end	of this form.	
	int (check appropriate box belo					
☐ Billing Error/A ☐ Disconnection ☐ Service Issue ☐ Other (be speci	of Service Payment A	d Credit Establish rrangements	_	Vrong Rate Vater Quality		sal to Connect Service Extension Issue
Have you contacte	ed the Office of Regulatory Stat	ff (ORS)? * TY	es No	Name of		
	d the Office of Regulatory Star		<u> </u>	ORS Contact	: Brad Kirby and V	Villie Morgan
Concise Stateme	nt of Facts/Complaint: * (Th	uis section must be	completed A	tach additiona	l information to this	nage if necessary)
Why would the P trying to figure ou	of increases. This is per their SC approve such a request is it why their bill suddenly increaseveral agents at Carolina Wanyone."	beyond us as it assit as as it as as it as	gives the cor no explanati	npany a free on. Nor did t	he company give a	ny when called by this
Relief Requested	l: * (This section must be comple	eted. Attach additi	onal informati	on to this page	e if necessary.)	
	nd Utilities should be REQUIR crease, even if the reason is p			pe of increas	se by LETTER whic	ch explains clearly
ITS CONTENTS	JBLIC SERVICE COMMISSI ON THE COMMISSION'S WI BLIC SCRUTINY OR FURTI	EBSITE (dms.psc IER RELEASE.	.sc.gov), ANI ⊠ Yes [OI UNDERST No Comp	Sa K Capbell	RESIGNED, DO NOT PRINT)
STATE OF SOUTH	,	$\overline{\mathbf{V}}$	ERIFICATI	ON		
	ichland))			E	oh 16 2015	Internal Has Only
I, Comp	bell/ Patricia Campbell ver	ify that I have read	d my complair	It filed on $\frac{\mathbf{F}}{\mathbf{O}}$	Date *	Internal Use Only Processed By Date
and know the conte	nts thereof, and that said content	s are true.	mplainant's Signatur	e * (MUST BE SIG	PULLULY NED COUNTY OF H	HE